TRANSITIONS OF CARE & CARE COORDINATION
Agenda

• Select Medical Overview

• Transitions of Care
  – Right Patient, Right Level of Care, Right Time
  – Chronic Critical Illness Syndrome
  – Role of Long Term Acute Care Hospital (LTACH)

• Care Coordination
  – Pre-care
  – Point of Care
  – Post-care
Select Medical Overview

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Select Medical’s National Footprint

- **111 Long-Term Acute Care Hospitals (LTACH)** (28 States)
- **17 Inpatient Rehabilitation Hospitals** (8 States)
- **1,028 Outpatient Rehabilitation Centers** (31 States and D.C.)
- **427 Contract Therapy Locations** (28 States and D.C.)
- **300 Concentra Centers** (38 States)

As of 6/30/15

Our hospitals are part of Select Medical’s network of more than 100 long-term acute care hospitals.

Let hope thrive.
**Our Mission**  
Select Medical will provide an exceptional patient care experience that promotes healing and recovery in a compassionate environment.

<table>
<thead>
<tr>
<th>Our Values</th>
<th>Our Commitment</th>
<th>Our Vision</th>
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</thead>
<tbody>
<tr>
<td>We deliver superior quality in all that we do.</td>
<td>We believe that to accomplish our mission we must be true to our values. To be true to our values, we must see the world through the eyes of patients and their families, fellow employees, physicians, referral sources and job candidates. We believe that taken together these experiences will form an enduring impression and legacy for Select Medical.</td>
<td>The Select Medical Way is to put the customer first.</td>
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<tr>
<td>We treat others as they would like to be treated.</td>
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<td>The Select Medical Way is to help improve quality of life for the community in which we live and work.</td>
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<tr>
<td>We are results oriented and achieve our objectives.</td>
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<td>The Select Medical Way is to be open to, transparent about, and welcoming of new ideas from all levels of the organization to continually improve.</td>
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<td>We are team players.</td>
<td></td>
<td>The Select Medical Way is to attract, train, and retain the best possible staff.</td>
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<tr>
<td>We are resourceful in overcoming obstacles.</td>
<td></td>
<td>The Select Medical Way is to stand out from others by fully embracing high-quality clinical care and sharing a commitment to doing well by doing right.</td>
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</tbody>
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**Key Performance Indicators (KPIs)**

- **PF<sub>x</sub>** Patient / Patient Family Experience
- **E<sub>x</sub>** Employee Experience
- **P<sub>x</sub>** Physician Experience
- **R<sub>x</sub>** Referral Source Experience
- **C<sub>x</sub>** Candidate Experience
Transitions of Care
Continuum of Care
Right Patient, Right Level of Care, Right Time

PATIENT ADMITTED TO ACUTE CARE HOSPITAL

LONG-TERM ACUTE CARE

INPATIENT REHABILITATION

SKILLED NURSING FACILITIES (SNF)

HOME CARE

HOSPICE

OUTPATIENT REHABILITATION

OUR HOSPITALS ARE PART OF SELECT MEDICAL’S NETWORK OF MORE THAN 100 LONG-TERM ACUTE CARE HOSPITALS

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Admission Scenarios – Study Example
Chronic Critical Illness (CCI)

- High acuity, medically complex with multi organ system failure

- Frequently requires prolonged mechanical ventilation

- Distinct clinical group of patients with distinct pathophysiology and care needs when compared to acutely critically ill patients

- Post Intensive Care Syndrome (PICS)
Chronic Co-Morbidities

Acute Critical Illness

Medical

Surgical

Neurologic

Cardiac

Sepsis/Acute Co-Morbidities

Chronic Critical Illness
- Ventilator Dependence
- Brain Dysfunction
- Neuromuscular Weakness
- Endocrinopathy
- Malnutrition
- Anasarca
- Skin Breakdown
- Symptom Distress

Older Age

Am J Respir Crit Care Med Vol 182, pp 446–454, 2010
## CCI Discharge Options: CHEST, 2005

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Acuity Level</th>
<th>Advantage</th>
<th>Disadvantage</th>
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<tbody>
<tr>
<td>Acute ICU</td>
<td>Patient may be unstable</td>
<td>Hi Tech interventions as well as full ICU care (cardiac cath, Pulmonary</td>
<td>Cost</td>
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<tr>
<td></td>
<td></td>
<td>Artery Cath, Full OR)</td>
<td>Focused on acute needs</td>
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<td></td>
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<td></td>
<td>Not skilled in CCIS</td>
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<tr>
<td>Acute Step-down</td>
<td>Lower cost</td>
<td>Hi tech interventions with transfer back to ICU</td>
<td>Focused on short stays</td>
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<tr>
<td></td>
<td>Patients usually stable</td>
<td></td>
<td>Not Skilled in CCIS</td>
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<tr>
<td>LTACH</td>
<td>Patients may be unstable as long as acute care interventions not needed</td>
<td><strong>Specialize in CCIS</strong></td>
<td>Some focused interventions available (GI procedures, debridements,</td>
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<td></td>
<td></td>
<td>Clinical Team and Patient Focused</td>
<td>Respiratory procedures, basic diagnostics)</td>
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<td></td>
<td></td>
<td>Lower cost</td>
<td></td>
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<td></td>
<td></td>
<td>Physician Coverage</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Patient focused</td>
<td></td>
</tr>
<tr>
<td>Sub-acute SNF</td>
<td>Patients must be stable</td>
<td>Cost</td>
<td>No on-site interventions, clinical team not skilled in CCIS and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family access</td>
<td>ratios much lower</td>
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<tr>
<td></td>
<td></td>
<td>Patient focused</td>
<td>No daily physician coverage</td>
</tr>
<tr>
<td>SNF</td>
<td>Patients must be stable and recovering</td>
<td>Cost</td>
<td>Staffing ratios</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appropriate clinical services</td>
<td>No on-site interventions</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No daily physician coverage</td>
</tr>
<tr>
<td>Acute Rehabilitation</td>
<td>Must be stable and able to meet rehab criteria</td>
<td>Rehab and mobility focused</td>
<td>CCIS pt often not ready for this level</td>
</tr>
</tbody>
</table>
Role of LTACH

• Specialized ACUTE Care Environment
  – Evidence Based Treatments and Protocols

• Interdisciplinary Team Focus and Intensity of Service
  – Patient Centered

• Serves a Critical Role in Facilitating Functional Outcomes
  – Environment and Skillset for Early Mobilization of CCI Patients
Care Coordination

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Care Coordination
Focus and Innovation

Pre-Care
- Screening
- Clinical Criteria
- Preparation
- Communication
  - Facility Hand-off
  - Patient/Family

Point of Care
- Care Conference
- IDT Meeting
- DC Planning
- DC Preparation
- Communication

Post-Care
- Level of Care
- Clinical Capabilities
- Communication
- Patient Satisfaction

Patient Engagement
Point of Care - Case Management/UR

Organized Interdisciplinary Workflow

Admitting Diagnosis
- Treatment Plan
- Discharge Planning

Severity of Illness
- Nationalized LOS
- UR/UM

Patient/Family
- Treatment Plan
- Treatment Team
- Case Manager

POC Progression
- Clinical Barrier Resolution
- Interdisciplinary Approach

Discharge Planning
- Community Barrier Resolution
- Resource Barrier Resolution

Resource and LOS Management
- Utilization Review
- Outlier Management

Locations:
- HOME
- DC LLOC
- SNF
- REHAB
- OTHER

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Key Points – Care Coordination

• Appropriate Transitions of Care

• Patient Centered Care Planning

• Multi-Discipline Team Focused Treatment Plans

• Flow of Information and Education for Patients and Providers

• Innovations in Care Delivery and Coordination of Care
Thank you
For additional information or questions:

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>>> selectmedical.com/hospitals